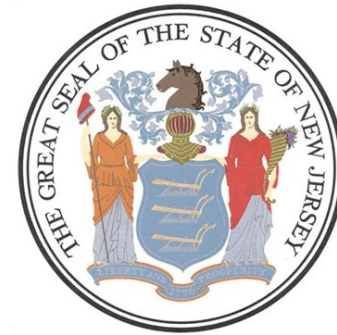


# State of New Jersey Emergency Medical Dispatch Guidecards 2012 Update



Corrections or additions should be sent to:

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**Approved by the  
State of New Jersey Department of Health and  
Senior Services  
Office of Emergency Medical Services**

**Adopted by the  
State of New Jersey  
Office of Information Technology  
Office of Emergency Telecommunications Services**

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State of New Jersey Department of Health and Senior Services  
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2

**-SCENE HELICOPTER**

el have evaluated the individual circumstances and found  
itions present.

State of New Jersey EMD Guidecards Version 01/12

**INDICATORS OF SEVERE ANATOMIC OR  
PHYSIOLOGIC COMPROMISE**

- Unconsciousness or decreasing level of consciousness.
- Systolic blood pressure less than 90 mmHg.
- Respiratory rate less than 10 per minute or greater than 29 per minute.
- Glasgow Coma Score less than 10.
- Compromised airway.
- Penetrating injury to chest, abdomen, head, neck, or groin.
- Two or more femur or humerus fractures.
- Flail chest.
- Amputation proximal to wrist or ankle.
- Paralysis or spinal cord injury.
- Severe burns.

**1-800-332-4356  
REMCS (Newark)**



#### GUIDELINES TO REQUEST AN ON

Air transportation should be considered when emergency person  
any one of the following situa

#### ENVIRONMENTAL FACTORS

- The time needed to transport a patient by ground to an appropriate facility poses a threat to the patient's survival and recovery.
- Weather, road, and traffic conditions would seriously delay the patient's access to Advanced Life Support (ALS).
- Critical care personnel and equipment are needed to adequately care for the patient during transport.
- Falls of 20 feet or more.
- Motor vehicle crash (MVC) of **20 MPH** or more without restraints.
- Rearward displacement of front of car by **20 inches**.
- Rearward displacement of front axle.
- Compartment intrusion, including roof: **>12 inches** occupant site; **>18 inches** any site.
- Ejection of patient from vehicle.
- Rollover.
- Deformity of a contact point (steering wheel, windshield, dashboard).
- Death of occupant in the same vehicle.
- Pedestrian struck at **20 MPH** or more.

Environmental Factors has been changed. Passenger compartment intrusion has been changed to "Compartment intrusion, including roof >12 inches occupant site, >18 inches any site."

Amputation of an extremity has been changed to "Amputation proximal to wrist or ankle".

#### GUIDECARD INDEX

ANIMAL BITES  
ASSAULT/DOMESTIC VIOLENCE / SEXUAL ASSAULT  
BLEEDING / LACERATION  
BURNS  
EYE PROBLEMS / INJURIES  
FALL VICTIM  
HEAT / COLD EXPOSURE  
INDUSTRIAL ACCIDENT  
STABBING / GUNSHOT VICTIM / ASSAULT  
TRAUMATIC INJURY  
VEHICULAR RELATED INJURIES

ABDOMINAL PAINS  
ALLERGIES / STINGS  
BACK PAIN  
BREATHING PROBLEMS  
CHEST PAIN / HEART PROBLEMS  
DIABETIC PROBLEMS  
HEADACHE  
OD/POISONINGS / INGESTIONS  
PSYCHIATRIC / BEHAVIORAL PROBLEMS  
SEIZURES / CONVULSIONS  
SICK PERSON  
STROKE / CVA  
UNKNOWN / PERSON DOWN

CO POISONING / INHALATION / HAZMAT  
CARDIAC ARREST / DOA

- ADULT CPR INSTRUCTIONS  
- CHILD CPR INSTRUCTIONS  
- INFANT CPR INSTRUCTIONS

CHOKING

- ADULT CHOKING INSTRUCTIONS  
- CHILD CHOKING INSTRUCTIONS  
- INFANT CHOKING INSTRUCTIONS

DROWNING (POSSIBLE)

ELECTROCUTION

PREGNANCY / CHILDBIRTH

- CHILDBIRTH INSTRUCTIONS

UNCONSCIOUS / FAINTING

- UNCONSCIOUS AIRWAY CONTROL (NON-TRAUMA)  
INSTRUCTIONS - UNCONSCIOUS AIRWAY CONTROL (TRAUMA)  
INSTRUCTIONS

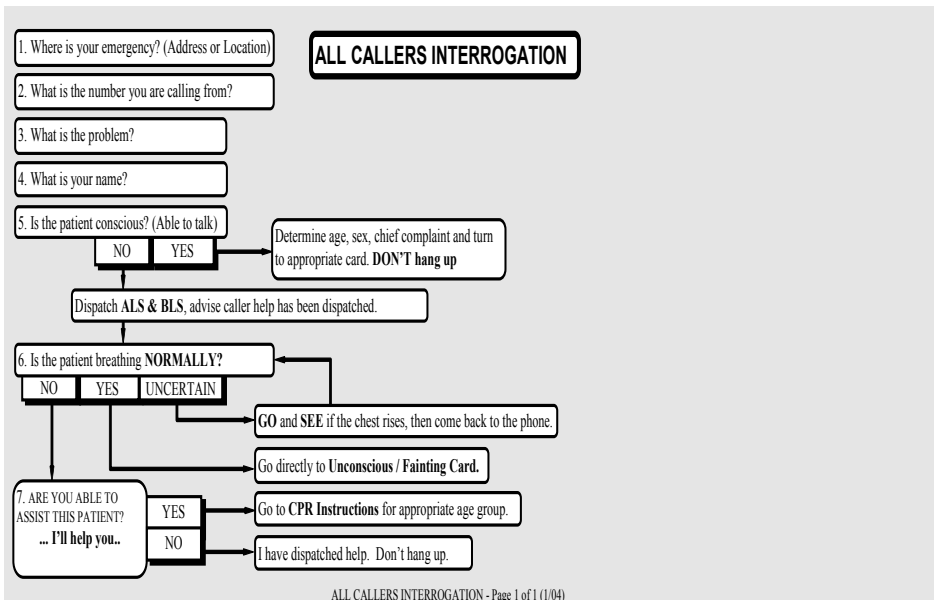
AIR MEDICAL DISPATCH PROCEDURE

AIRCRAFT / TERRORISM

HAZMAT

VEHICLE IN WATER

Changes and additions to guidecards. Vehicular Related Injuries has been changed to VEHICULAR COLLISIONS. Unknown/Man Down has changed to UNKNOWN/PERSON DOWN. CO Poisoning/Inhalation/HAZMAT has had HAZMAT moved to the HAZMAT card in the Miscellaneous section. Aeromedical Dispatch has changed to AIR MEDICAL DISPATCH PROCEDURE. And a new card VEHICLE IN WATER has been added.



ter and fills with water, that once the water pressure equalizes inside the vehicle, it is then easy to open the doors. This is extremely dangerous and if the occupants were to delay their escape while waiting for the vehicle to fill with water and equalize the pressure, it is then too late to make your escape. And, even if you still had the breath to attempt an escape, if there was structural damage to the door frame, the doors may still not open.

The decision to escape the vehicle must be made as soon as the vehicle leaves the road and enters the water. Also, should the vehicle land in deep water, if the water depth is less than 14', the vehicle will usually come to rest on the bottom on all four wheels, assuming there are no large rocks or other debris on the bottom. However, water depths greater than 14' usually results in the vehicle turning turtle and landing on its roof. Needless to say, being upside down in a dark environment with water rushing in will totally disorient the occupants of the vehicle.

The bottom line is that the occupants need to escape the vehicle immediately, before the vehicle begins to sink.

## Escape and Rescue form Submerged Vehicles

by **Gerald M. Dworkin**

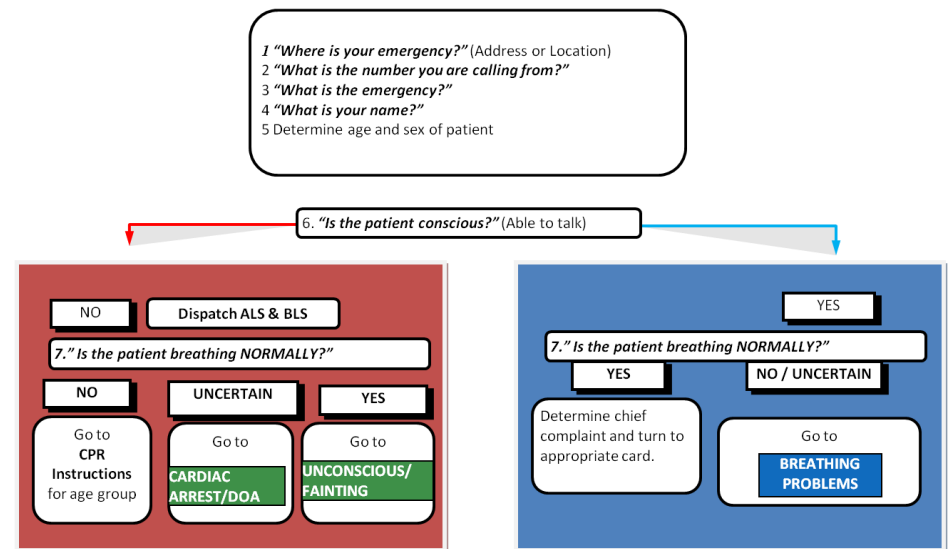
Consultant, Aquatics Safety & Water Rescue

**LIFESAVING RESOURCES INC**

- It only takes 6" to 2' of water to float a vehicle off its wheels. Heed warnings about low water crossings and do not attempt to cross flooded highways.
- 8" to 12" of new, clear, hard ice is required to drive a small vehicle onto the ice. 12" to 15" of new, clear, hard ice is required to drive a medium-sized truck onto the ice.
- Wearing seat belts will increase your chances of surviving a crash into the water.
- If a vehicle leaves the road and lands in deep water, the vehicle's float time at the surface of the water may be as little as 30 seconds, or as much as 4 minutes. Factors that effect the float time include closed, sealed, and intact windows and weather seals. Because of the location of the motor in the front of the vehicle, the vehicle will immediately assume an angled nose down position in the water.

Because of the relatively limited time frame for self-rescue, the decision to escape the vehicle must be made immediately. However, because of the angled nose-down position in the water and the pressure exerted by the water against the doors, as well as structural damage to the vehicle as a result the crash, it may be extremely difficult or impossible to open the driver's side and passenger doors of the vehicle in order to effect an escape. Therefore, the only avenue of escape may be through the car door windows.

There is a belief that as the vehicle descends into the wa-



The ALL CALLER INTERROGATION card has been modified so that the patient's level of consciousness and quality of breathing is determined quickly and an ALS level dispatch can be made if indicated.

| VEHICLE IN WATER Pre-Arrival Instructions   |  |
|---|--|
| <p>Vehicle in still water</p> <p><b>"Open vehicle doors or windows, exit vehicle and wade to shore.</b></p> <p>If unable to wade to shore</p> <p><b>"Exit vehicle and go to vehicle roof."</b></p> <p>Vehicle in water and sinking</p> <p><b>"Release your seatbelts and open the windows. If your windows will not open, try to break them. Hit the corner of the window with a key, seat belt buckle or metal headrest post. Exit through the window and get onto the roof of the vehicle."</b></p> | <p>Vehicle is under the water</p> <p><b>"If you are unable to open a window there should be enough air for the minute or two that it will take to prepare to escape. When the car is nearly full of water, take a deep breath and push a door open, you may need to do this with your feet. Exhale slowly as you swim to the surface."</b></p> |
| Prompts   | Short Report   |
| <p>If vehicle is sinking or in fast moving water concentrate on getting the occupants out of the vehicle and onto the roof. Once on the roof, verify location.</p> <p>Consider need for boats, SCUBA or Tactical/Rapid Water Rescue.</p>  | <p>Specific location<br/>Number of occupants<br/>Any dangers to responding units</p>   |

There is conflicting information on the ability of a cell phone to work underwater. If the person(s) is not able to get out of the vehicle it may be necessary to prepare them for a submerged exit. Review the need to wait until the vehicle is nearly filled before taking a deep breath, opening the door may need to be done with the feet and legs, and after exiting the vehicle, exhale slowly as they ascend.

| ANIMAL BITES         |  | State of New Jersey EMD Guidecards Version 1/04  |
|----------------------|--|--|
| Key Questions        | Is the animal contained?                                   | Is the patient bleeding?<br>IF YES,              |
|                      | What type of animal bit the patient?                       | From where?<br>How much?                         |
|                      | Is the patient short of breath or does it hurt to breathe? | How long?<br>Can it be controlled with pressure? |
|                      | What part of the body was bitten?                          | How long ago did they receive the bite?          |
| SIMULTANEOUS ALS/BLS |  | BLS DISPATCH                                     |
| Dispatch             | Unconscious/not breathing normally.                        | Controlled bleeding.                             |
|                      | Decreased level of consciousness.                          | Swelling at bite site.                           |
|                      | Uncontrolled bleeding, after attempts to control.          | Bite below neck, non-poisonous.                  |
|                      | Serious neck or face, bites from animal attacks.           |  |
|                      | Bites from known poisonous animals                         |  |

## VEHICLE IN WATER

State of New Jersey EMD Guidecards Version 01/12

|                  |  |   |
|------------------|--|---|
| KEY<br>QUESTIONS | <p><b><i>"What kind of water are you in?"</i></b><br/>River, lake or flooded roadway</p> <p><b><i>"Is the car sinking?"</i></b></p> <p><b><i>"Can you open the vehicle doors?"</i></b><br/>If NO</p> <p><b><i>"Can you open the vehicle windows?"</i></b><br/>If NO go to Pre Arrival Instructions</p> |   |
|                  | <p>If the caller is a witness ask if they can relay instructions to occupants of the vehicle. If so go to Pre-Arrival Instructions</p>   |   |
|                  | SIMULTANEOUS ALS/BLS   | BLS DISPATCH  |
|                  | DISPATCH   | <p>Vehicle in water sinking, submerged or stuck in fast moving water.</p> <p>Vehicle in still water, not sinking, water not rising.</p> |

While not a common occurrence, there have been enough to indicate adding this card.

The "experts" recommend getting the person(s) out of the vehicle as quickly as possible. Preferably, before it sinks. Once the vehicle begins to sink it may not be possible to open the doors because of the pressure. The occupant(s) will have to wait until the pressure inside the vehicle is equal to the pressure outside. Which means the car is filled with water. Also in water deeper than 14 feet the vehicle will probably turn over and land on its roof.

## ANIMAL BITES

State of New Jersey EMD Guidecards Version 01/12

|                  |  |   |
|------------------|--|---|
| KEY<br>QUESTIONS | <p><b><i>"Is the animal contained?"</i></b></p> <p><b><i>"What type of animal bit the patient?"</i></b></p> <p><b><i>"Is the patient short of breath or does it hurt to breathe?"</i></b></p> <p><b><i>"What part of the body was bitten?"</i></b></p> <p><b><i>"Is the patient bleeding?"</i></b><br/>IF YES,<br/><b><i>"Can it be controlled with pressure?"</i></b><br/><b><i>"How long ago did they receive the bite?"</i></b></p> |   |
|                  |  |   |
|                  | SIMULTANEOUS ALS/BLS   | BLS DISPATCH  |
|                  | DISPATCH   | <p>Unconscious/not breathing normally.<br/>Decreased level of consciousness.<br/>Uncontrolled bleeding, after attempts to control.<br/>Serious neck or face bites from animal attacks.<br/>Bites from known poisonous animals.</p> <p>Controlled bleeding.<br/>Swelling at bite site.<br/>Bite below neck, non-poisonous.</p> |

The appearance and layout of the Key Questions has been changed. Questions the call taker may ask are printed in bold italic font with quotation marks. Words in normal font are meant to guide the call taker in making decisions.

| BURNS                |   |  |
|----------------------|---|--|
| Key Questions        | How was the patient burned?   | State of New Jersey EMD Guidecards Version 1/04<br>Is the patient short of breath or does it hurt to breathe?  |
|                      | THERMAL Is anything on the patient still burning?<br>Stop the burning.<br>(Go to pre-arrival instructions).   | Is the patient having difficulty swallowing?<br>Where is the patient burned?<br><b>IF HEAD OR FACE</b><br>_ Are they coughing?<br>_ Are their nose hairs burned?<br>_ Are there burns around their mouth and nose? |
|                      | ELECTRICAL Is the patient still in contact with the electric source?<br>How was patient electrocuted?<br>If household, was it the stove, clothes dryer or other 220 volt source?  | If male, is any facial hair burned?<br>Are there any other injuries?   |
|                      | CHEMICAL What chemical caused the burn?<br>Can the patient answer your questions?   |  |
| SIMULTANEOUS ALS/BLS |   | BLS DISPATCH   |
| Dispatch             | Unconscious/not breathing normally.<br>Decreased level of consciousness.<br>Burns to airway, nose, mouth.<br>Hoarseness, difficulty talking or swallowing.<br>Burns over 20% of body surface.<br>Electrical Burns/electrocution from 220 volts or greater power lines/panel boxes.<br>2 <sup>nd</sup> & 3 <sup>rd</sup> degree burns (partial or full thickness) to<br>Palms (hands)<br>Soles (feet)<br>Groin | Less than 20% body surface burned.<br>Spilled hot liquids.<br>Chemical burns to eyes.<br>Small burn from match, cigarette.<br>Household electric shock.<br>Battery explosion.<br>Freezer burns.                    |

| HAZMAT INCIDENT GUIDE Pre-Arrival Instructions  |                               |
|---|-------------------------------|
| If you are not in a safe location, leave the area and call back.<br>Gather available chemical information.<br>Deny entry to affected area. Secure premises, isolate area.<br>Isolate injured from scene if safely possible. |                               |
| Prompts   | Short Report                  |
| Amount spilled or released:   | Incident location             |
| State of material: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas  | Access route                  |
| Size / Type of container:   | Type of HazMat incident       |
| Is the release continuous, intermittent, or contained? Entering a waterway, a storm drain or sewer?   | Number and nature of injuries |
| Have personnel been evacuated? YES <input type="checkbox"/> NO  | Release type                  |
| Are there any emergency responders or HAZMAT trained personnel on the scene? <input type="checkbox"/> fire brigade <input type="checkbox"/> security <input type="checkbox"/> other   | Wind direction                |
| Is chemical information available for responders?<br>(I.e.: MSDS, Hazardous Substance Fact Sheet.<br>IF YES: Please have it ready for the emergency responders.   |                               |
| Wind Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W<br>(If not available from caller, obtain from weather service)                                  |                               |



## HAZMAT INCIDENT GUIDE

|                  |  |   |
|------------------|--|---|
| KEY<br>QUESTIONS | <p><b>"Where is the emergency?"</b> Actual incident location, direction of travel, best access if applicable:</p> <p><b>"Are you in a safe location?"</b><br/>If YES: continue questioning.<br/>If NO: advise caller to move to safe location and call back.</p> <p><b>"What happened?"</b> (Type of hazardous material)<br/>Explosion, Odor Complaint, Fire, Air release, Motor Vehicle Accident, Illegal dumping, Leak / Spill, Abandoned container / materials, Other. <input type="checkbox"/></p> | <p><b>"Are there any injuries?"</b><br/>IF YES:<br/>How many people are injured?<br/>What is the nature of the injuries?<br/>Refer to appropriate medical guidecard or local protocol for MASS CASUALTY INCIDENT.</p> <p><b>"What is the name and/or ID # of material?"</b><br/>Use DOT Guidebook or NLETS to obtain information about substance.</p> |
|                  | EMERGENCY MEDICAL DISPATCH   | Hazardous Materials Agency Dispatch   |
|                  | DISPATCH   | <p>Refer to the appropriate medical guidecard or follow local protocol for Mass Casualty Incident.</p> <p>Notify County and all applicable agencies (NJDEP, Local and/or County OEM, etc.) per local protocol.</p>  |

## BURNS

State of New Jersey EMD Guidecards Version 01/12

|                  |  |  |
|------------------|--|--|
| KEY<br>QUESTIONS | <p><b>"How was the patient burned?"</b></p> <p><b>THERMAL</b><br/> <b>"Is anything on the patient still burning?"</b><br/>           If YES, Stop the burning.<br/> <b>"Place burned area in cool water (not ice), if convenient"</b></p> <p><b>ELECTRICAL</b><br/>           Go to <b>ELECTROCUTION</b></p> | <p><b>CHEMICAL</b><br/> <b>"What chemical caused the burn?"</b><br/> <b>"Where is the patient burned?"</b></p> <p><b>IF HEAD OR FACE:</b><br/> <b>"Is the patient short of breath, coughing or does it hurt to breathe?"</b><br/> <b>"Is the patient having difficulty swallowing?"</b><br/> <b>"Are there burns around their mouth and nose?"</b><br/> <b>"Are there any other injuries?"</b></p>   |
|                  | SIMULTANEOUS ALS/BLS   | BLS DISPATCH   |
|                  | DISPATCH   | <p>Decreased level of consciousness.<br/>           Burns to airway, nose, mouth.<br/>           Hoarseness, difficulty talking or swallowing.<br/>           Burns over 20% of body surface.<br/>           Electrical Burns/electrocution from 220 volts or greater power lines/panel boxes.<br/>           2<sup>nd</sup> &amp; 3<sup>rd</sup> degree burns (partial or full thickness) to<br/>               Palms (hands)<br/>               Soles (feet)<br/>               Groin</p> <p>Less than 20% body surface burned.<br/>           Spilled hot liquids.<br/>           Chemical burns to eyes.<br/>           Small burn from match, cigarette.<br/>           Household electric shock.<br/>           Battery explosion.<br/>           Freezer burns.</p> |

HAZMAT has been moved from the CO Poisoning/Inhalation card. This allows for a more detailed interrogation for hazardous materials and conditions.

If any injuries are reported, go to the appropriate guidecard.

## ABDOMINAL PAIN

State of New Jersey EMD Guidecards Version 1/04

**K** Is patient alert?  
**e** Is patient breathing normally?  
**y** Is the pain due to an injury to the patient?  
**Q** Has the patient vomited? If yes, What does the vomit look like?  
**u** Are the patient's bowel movements different than normal?  
**e** If yes, How would you describe them?  
**s** Is the pain above the belly button?  
**t** If the patient is a woman between 12-50 years, ask Could she be pregnant?  
**l** Has she said she felt dizzy?  
**o** Has there been vaginal bleeding? If yes, how much?  
**n** How does the patient act when he/she sits up?  
**s** Does the patient have any other medical or surgical history?  
 Is the patient wearing a Medic Alert tag? If yes, what does it say?

### SIMULTANEOUS ALS/BLS

### BLS DISPATCH

**D** Unconscious/not breathing normally.  
**I** Decreased level of consciousness.  
**s** Vomiting blood (red/dark red) or coffee ground-like substance.  
**p** Black tarry stool.(Caution: Could be a resultant from diet supplements)  
**a** Lower abdominal pain, woman 12-50 years (if associated with  
**t** dizziness or fainting or heavy vaginal bleeding).  
**c** Upper abdominal pain with prior history of heart problem.  
**h** Abdominal pain with fainting or near fainting, patient over 50 yrs.  
 Fainting/near fainting when sitting. (hypotension)

Pain with vomiting.  
 Flank pain (Kidney stone).  
 Abdominal (non-traumatic).  
 Pain unspecified

### Unconscious Patient Instructions Compressions Only

"Get the patient **FLAT** on their back on the floor."  
*"Kneel at the patient's side and bare the chest, do you see any tubes or wires coming out of the chest or abdomen?"*

**IF YES, STOP- DO NOT START CPR, Go to ADULT CPR SPECIAL CONSIDERATIONS**

**IF NO:**

*"Put the **HEEL** of your **HAND** on the **CENTER** of their **CHEST** between the nipples."*

*"Put your **OTHER HAND ON TOP** of **THAT** hand."*

*"**PUSH DOWN** on the **HEELS** of your hands, at least **2 inches**."*

*"Do it **30 times**, **PUSH HARD AND FAST**."*

*"Then, **PINCH** the **NOSE SHUT** and **LIFT** the **CHIN** so the head **BENDS BACK**."*

*"**LOOK IN THE MOUTH FOR OBJECT**. If seen, remove it."*

*"**KEEP DOING IT UNTIL HELP CAN TAKE OVER or the patient starts breathing**."*

**GO TO**

**UNCONCIOUS AIRWAY CONTROL**

If an AED becomes available go to

**ENTRY POINT FROM ADULT CHOKING**

If there is more than one person present that is willing to perform CPR have them switch with the person doing CPR every 2 minutes

If the patient is unconscious or become unconscious abdominal thrusts are no longer performed.

The caller will be instructed to perform CPR, with or without rescue breathing. The only difference from CPR will be the airway check after 30 compressions.

### Unconscious Patient Instructions With Ventilations

"Get the patient **FLAT** on their back on the floor."  
*"Kneel at the patient's side and bare the chest, do you see any tubes or wires coming out of the chest or abdomen?"*

**IF YES, STOP- DO NOT START CPR, Go to ADULT CPR SPECIAL CONSIDERATIONS.**

**IF NO:**

*"Put the **HEEL** of your **HAND** on the **CENTER** of their **CHEST** between the nipples."*

*"Put your **OTHER HAND ON TOP** of **THAT** hand."*

*"**PUSH DOWN** on the **HEELS** of your hands, at least **2 inches**."*

*"Do it **30 times**, **PUSH HARD AND FAST**."*

*"Then, **PINCH** the **NOSE SHUT** and **LIFT** the **CHIN** so the head **BENDS BACK**."*

*"**LOOK IN THE MOUTH FOR OBJECT**.. If seen, remove it."*

*"**Completely cover their mouth with your mouth**."*

*"**Give TWO BREATHS** each lasting **1 second** then **PUMP** the **CHEST 30 times**."*

*"**KEEP DOING IT UNTIL HELP CAN TAKE OVER or the patient starts breathing**."*

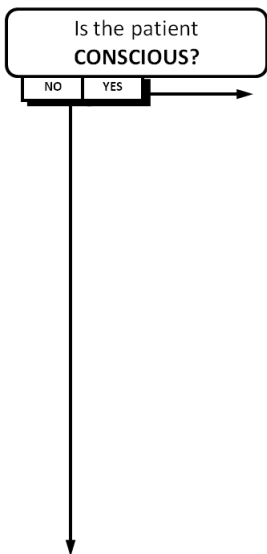
**IF PATIENT STARTS BREATHING GO TO**

**UNCONCIOUS AIRWAY CONTROL**

If an AED becomes available go to

**ENTRY POINT FROM ADULT CHOKING**

If there is more than one person present that is willing to perform CPR have them switch with the person doing CPR every 2 minutes.



Conscious Patient Instructions

*"Listen carefully. I'll tell you what to do next.  
Stand **BEHIND** the patient.  
Wrap your arms **AROUND** the waist.\*  
Make a fist with **ONE** hand and place the thumb side against  
the **STOMACH**, in the **MIDDLE**, slightly above the **NAVEL**.  
**GRASP** your fist with the other hand.  
**PRESS** into the stomach with **QUICK, UPWARD** thrusts.  
Repeat thrusts until the item is expelled.*

*\*If unable to reach around waist or if patient is in late stage  
of pregnancy, reach under the arms and place hands on  
center of chest.  
**GRASP** your fist with the other hand.  
**PRESS** into chest with **QUICK** thrusts until item is expelled.*

*If the patient becomes unconscious, come back to the  
phone".*

On a conscious patient abdominal thrusts will be performed. If the patient is in the later stages of pregnancy or the rescuer cannot reach around the patient, chest thrusts can be performed.

## ABDOMINAL PAIN

State of New Jersey EMD Guidecards Version 01/12

| KEY<br>QUESTIONS | SIMULTANEOUS ALS/BLS  |  | BLS DISPATCH   |  |
|------------------|---|--|--|--|
|                  | DISPATCH  |  |  |  |
|                  | <p>"Is the pain due to an injury to the patient?"</p> <p>"How does the patient feel sitting up?"</p> <p>"Is the pain above or below the belly button?"</p> <p>If the patient is female between 12-50 years:</p> <p>"Could she be pregnant?"</p> <p>"Has there been vaginal bleeding?" If yes,</p> <p>"How much?"</p> <p>"Has she said she felt dizzy?"</p>  |  | <p>"Has the patient vomited?"</p> <p>If yes, "What does the vomit look like?"</p> <p>"Are the patient's bowel movements black and tarry?"</p> <p>"Is the patient wearing a Medic Alert tag?"</p> <p>If yes, "What does it say?"</p> <p>"Does the patient have Addisons Disease, recent trauma or any other medical or surgical history?"</p> |  |
|                  | <p>Vomiting blood (red/dark red) or coffee ground-like substance.</p> <p>Pain with prior history of Addisons disease or adrenal insufficiency.</p> <p>Black tarry stool.</p> <p>Lower abdominal pain, woman 12-50 years (if associated with dizziness or fainting or heavy vaginal bleeding).</p> <p>Upper abdominal pain with prior history of heart problem.</p> <p>Abdominal pain with fainting or near fainting, patient over 50 yrs.</p> <p>Fainting/near fainting when sitting. (hypotension)</p> |  | <p>Pain with vomiting.</p> <p>Flank pain (Kidney stone).</p> <p>Abdominal (non-traumatic).</p> <p>Pain unspecified.</p>  |  |

The New Jersey Dept of Health has been mandated to add the presence of Addison's Disease in the patient as a criteria for ALS dispatch.

## ADDISON'S DISEASE

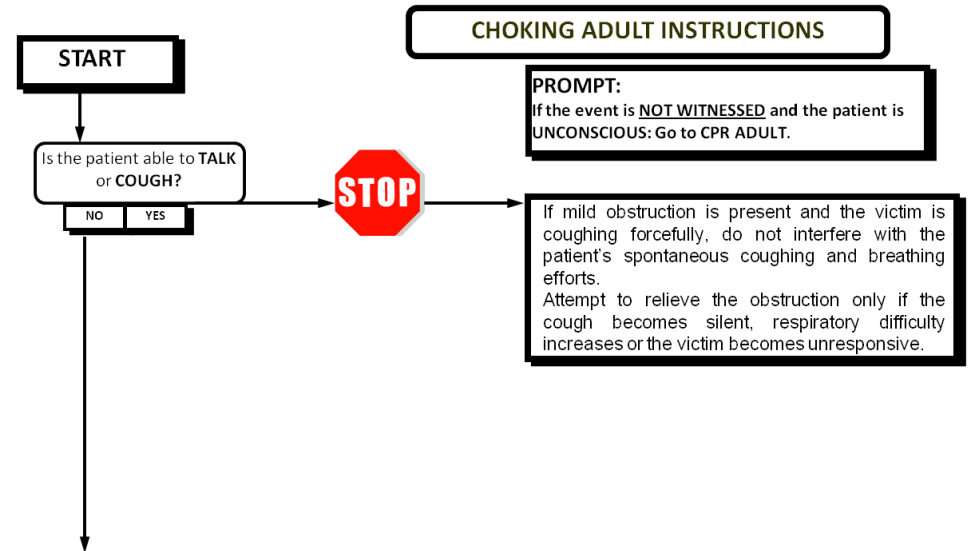
Chronic Adrenal Insufficiency  
Hypocortisolism  
Hypoadrenalism

Thomas Addison first described the clinical presentation of primary adrenocortical insufficiency ([Addison disease](#)) in 1855 in his classic paper, *On the Constitutional and Local Effects of Disease of the Supra-Renal Capsules*.<sup>[1]</sup>

Addison's disease is a disorder that occurs when your body produces insufficient amounts of certain hormones produced by your adrenal glands. In Addison's disease, your adrenal glands produce too little cortisol and often insufficient levels of aldosterone as well.

Addison's disease symptoms usually develop slowly, often over several months, and may include:

- Muscle weakness and fatigue
- Weight loss and decreased appetite
- Darkening of your skin (hyperpigmentation)
- Low blood pressure, even fainting
- Salt craving
- Low blood sugar (hypoglycemia)
- Nausea, diarrhea or vomiting
- Muscle or joint pains
- Irritability
- Depression



## SPECIAL CONSIDERATIONS

Patient has tubes or wires protruding from chest or abdomen:

*"Does the patient have a ventricular assist device?"  
(May be called a VAD, heart pump, RVAD, LVAD, BVAD, or LVAS.)*

If YES, Do not perform chest compressions.

If patients has a pacemaker or internal defibrillator return to CPR instructions.

Patient has a Stoma  
Breathing Instructions

*"Keep the patient's head STRAIGHT."*

*"COMPLETELY COVER the STOMA with your mouth."*

*"COVER the patient's MOUTH and NOSE with your hand."*

*"GIVE TWO BREATHS OF AIR inflating the patient's LUNGS."*

*"Make sure the CHEST GENTLY RISES."*

Patient has vomited

*"Turn his/her head to the side."*

*"Sweep it all out with your fingers before doing mouth-to-mouth."*

*"Resume CPR."*

## Acute adrenal failure (addisonian crisis)

Sometimes the signs and symptoms of Addison's disease may appear suddenly. In acute adrenal failure (addisonian crisis), the signs and symptoms may also include:

- Abnormal heart rhythms
- Pain in your lower back, abdomen or legs
- Severe vomiting and diarrhea, leading to dehydration
- Low blood pressure
- Loss of consciousness
- High potassium (hyperkalemia)
- Standard therapy involves intravenous injections of glucocorticoids and large volumes of intravenous saline solution with dextrose (glucose), a type of sugar. This treatment usually brings rapid improvement.

All of the "Special Considerations" have been moved here.

Addison's disease symptoms usually develop slowly, often over several months, and may include:

Muscle weakness and fatigue  
Weight loss and decreased appetite  
Darkening of your skin (hyperpigmentation)  
Low blood pressure, even fainting  
Salt craving  
Low blood sugar (hypoglycemia)  
Nausea, diarrhea or vomiting  
Muscle or joint pains  
Irritability  
Depression

# ADDISON'S DISEASE

## Chronic Adrenal Insufficiency

### Hypocortisolism

### Hypoadrenalism

#### Acute adrenal failure (addisonian crisis)

Sometimes the signs and symptoms of Addison's disease may appear suddenly. In acute adrenal failure (addisonian crisis), the signs and symptoms may also include:

- Abnormal heart rhythms
- Pain in your lower back, abdomen or legs
- Severe vomiting and diarrhea, leading to dehydration
- Low blood pressure
- Loss of consciousness
- High potassium (hyperkalemia)
- Standard therapy involves intravenous injections of glucocorticoids and large volumes of intravenous saline solution with dextrose (glucose), a type of sugar. This treatment usually brings rapid improvement.

Caution must be exercised when the person with Addison's disease becomes unwell with [infection](#), has [surgery](#) or other [trauma](#), or becomes [pregnant](#). In such instances, their replacement glucocorticoids, whether in the form of hydrocortisone, prednisone, prednisolone, or other equivalent, often need to be increased. Inability to take oral medication may prompt hospital attendance to receive steroids intravenously.

A person with adrenal insufficiency should always carry identification stating their condition in case of an emergency. The card should alert emergency personnel about the need to inject 100 mg of cortisol if its bearer is found severely injured or unable to answer questions.

Immediate medical attention is needed when severe infections, vomiting, or diarrhea occur, as these conditions can precipitate an Addisonian crisis.

#### CPR Instructions

*"Kneel at the patient's side and bare the chest, do you see any tubes or wires coming out of the chest or abdomen?"*

**IF YES, STOP- DO NOT START CPR, Go to SPECIAL CONSIDERATIONS on Page 4**

**IF NO**

*"Put the **HEEL** of your **HAND** on the **CENTER** of their **CHEST**, **between the nipples**"*

*"Put your **OTHER HAND ON TOP** of **THAT** hand."*

*"**PUSH DOWN** on the **HEELS** of your hands, at least **2 inches**."*

*"Do it **30 times**, **PUSH HARD AND FAST**."*

**If not performing MOUTH TO MOUTH breathing, ADVISE caller to continue to PUMP the CHEST until help arrives or until the patient shows any signs of movement or breathing.**

**If doing mouth to mouth:**

*"Then, **PINCH** the **NOSE SHUT** and **LIFT** the **CHIN** so the head **BENDS BACK**."*

*"**Completely cover their mouth with your mouth**"*

*"Give **TWO BREATHS** each lasting **1 second**, then **PUMP** the **CHEST 30 times**."*

*"**KEEP DOING IT UNTIL HELP CAN TAKE OVER**."*

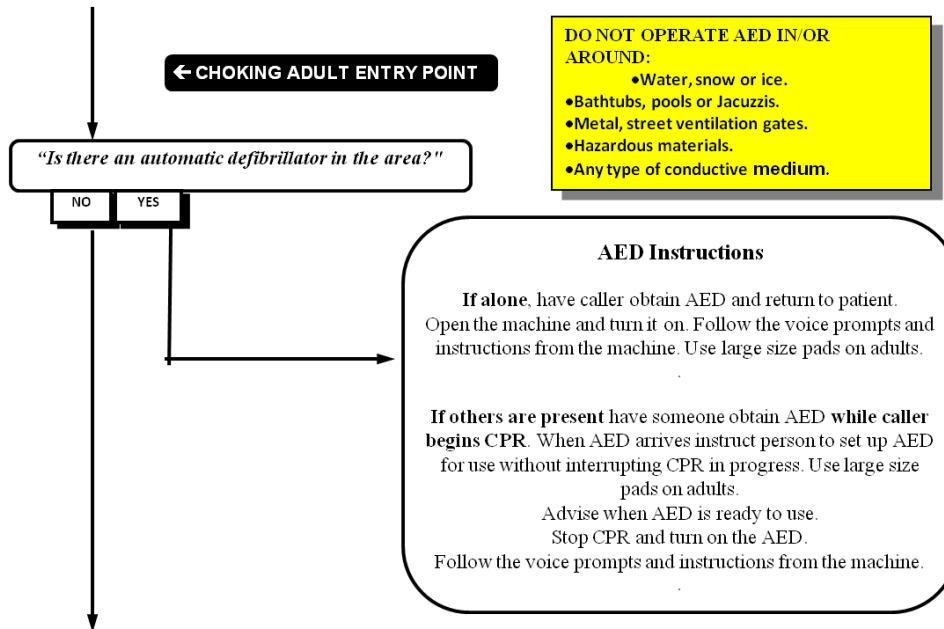
**If an AED becomes available see AED Instructions on Page 2**

If there is more than one person present that is willing to perform CPR have them switch with the person doing CPR every 2 minutes

Baring the patient's chest allows an additional check for a VAD. The initial round of compressions is 30, "hard and fast". The caller is asked if they will be willing to perform mouth to mouth. If they agree the compressions and breaths ratio be be 30 compressions to 1 breath.

The American Heart Association states that. ***"While Hands-Only CPR instructions have broad applicability, instances remain when rescue breaths are critically important. Dispatchers should include rescue breathing in their telephone CPR instructions to bystanders treating adult and pediatric victims with a high likelihood of an asphyxial cause of arrest"***.

To simplify the issue, if the caller is willing to perform rescue breathing provide instructions. If not compressions (Hands-Only CPR) will be performed until help arrives or patient shows signs of movement or breathing.



For an adult and AED is to be used before CPR if an AED is available. First determine if an AED is present.

If immediately available (it's there) have the caller open the device and start placing the pads in preparation for use. Follow the instruction on the device and the voice instructions.

If the device is not immediately available but near by, have the caller get the device, return to the patient and set up the device for use.

If the caller can send someone to obtain the AED then begin CPR until it arrives.

If no AED start CPR.

For Child CPR, still consider the AED but have the caller do CPR for 2 minutes before using the AED or attempting to get an AED.

For Infants, the AED is not a consideration over the phone. Yet.

| ABDOMINAL PAIN    Pre-Arrival Instructions   |  |
|--|--|
| <div> <div>           Nothing to eat or drink.<br/>           Monitor for shock:<br/>           Skin cool and clammy or mottled, rapid shallow breathing, fatigue, altered mental state, dilated pupils.<br/>           Gather patient medications, if any.<br/>           If the patient's condition changes, call me back.         </div> <div>           Symptoms of an Addison or "adrenal" crisis include:<br/>           •Severe vomiting and diarrhea<br/>           •Dehydration<br/>           •Low blood pressure<br/>           •Loss of consciousness<br/>           If not treated, an Addison crisis can be fatal.         </div> </div> |  |
| Prompts  | Short Report   |
| If unconscious, go to UNCONSCIOUS/ BREATHING NORMALLY AIRWAY CONTROL.<br>If unconscious, <u>NOT</u> breathing normally, go to CPR for appropriate age group.   | Age<br>Sex<br>Specific location<br>Chief complaint<br>Pertinent related symptoms<br>Medical/Surgical history, if any<br>Other agencies responding<br>Any dangers to responding units |

References to Addison's have been added to the cards involving abdominal pain, back pain, sick person and unknown. Usually in the medical history Key Questions and in the Pre-Arrival Instructions as a consideration to look for.

## CHEST PAIN/HEART PROBLEMS

State of New Jersey EMD Guidecards Version 01/12

### KEY QUESTIONS

"Where in the chest is the pain located?"

"Does the patient feel pain anywhere else? If so, where?"

"How long has the pain been present?"

"Is the patient sweating profusely?"

"Is the patient nauseated or vomiting?"

"Is the patient weak, dizzy, or faint?"

"How does the patient act when he/she sits up?"

"Does the pain change when the person breathes or moves?"

"Has the patient ever had a heart problem, heart surgery, a device to help their heart work or a previous heart attack?"

"Is the patient experiencing rapid heart rate with chest pain?"

### SIMULTANEOUS ALS/BLS

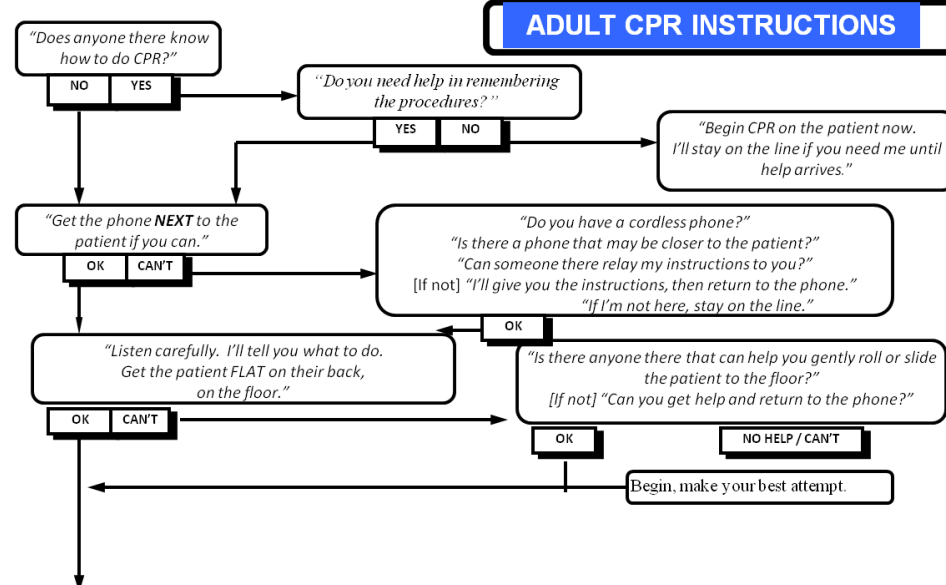
### BLS DISPATCH

Decreased level of consciousness.  
Patient complaining of chest pain with any of the critical symptoms:  
Short of breath, nausea, diaphoretic (sweating profusely), rapid heart rate, syncope (weak, dizzy or faint) or with cocaine/crack (drug) use.

Patients under 35, without critical symptoms

In Chest Pain/Heart Problems the medical history question has been expanded to include asking about the presence of a "heart pump" or Ventricular Assist Device. Currently VADs require power supplies and controls that are placed outside of the body and can be easily seen and recognized. However the caller may not mention or notice them unless specifically asked by the calltaker, especially if the patient is not known to the caller.

## ADULT CPR INSTRUCTIONS





## CARDIAC ARREST / DOA Pre-Arrival Instructions

Go to CPR card for the appropriate age group.

Age 8 years and ABOVE

ADULT CPR INSTRUCTIONS

Age 1 year to 8 years

CHILD CPR INSTRUCTIONS

Age 0 to 1 year

INFANT CPR INSTRUCTIONS

| Prompts   | Short Report  |
|---|---|
| <p>Agonal respirations are ineffective breaths which occur after Cardiac Arrest. Indicate the need for CPR.</p> <p>Brief generalized seizures may be an indication of cardiac arrest.</p> | <p>Age</p> <p>Sex</p> <p>Specific location</p> <p>Chief complaint</p> <p>Pertinent related symptoms</p> <p>Medical/Surgical history, if any</p> <p>Other agencies responding</p> <p>Any dangers to responding units</p> |

The age ranges for Adult, Child and Infant CPR have been inserted.

## CHEST PAIN/HEART PROBLEMS Pre-Arrival Instructions

*"Does the patient have nitroglycerin?"*

If yes: *"Has the patient taken one?"*

If not taken, *"Take as the physician has directed"*  
(patient should be seated).

If the patient does not have nitroglycerin

*"Can the patient take aspirin?"*

If yes: *"Have they had any bleeding from mouth or rectum?"*

If no bleeding, advise caller to assist patient to take 1 full size (325mg) adult aspirin or 4 low dose (81mg) tablets.  
Have the patient **chew** the pills before swallowing.

Have the patient sit or lie down, whichever is more comfortable.

Keep patient calm.

Loosen any tight clothing.

Gather patient medications, if any.

If the patient's condition changes, call me back.

### Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL.

If unconscious, NOT breathing normally, go to CPR for appropriate age group.

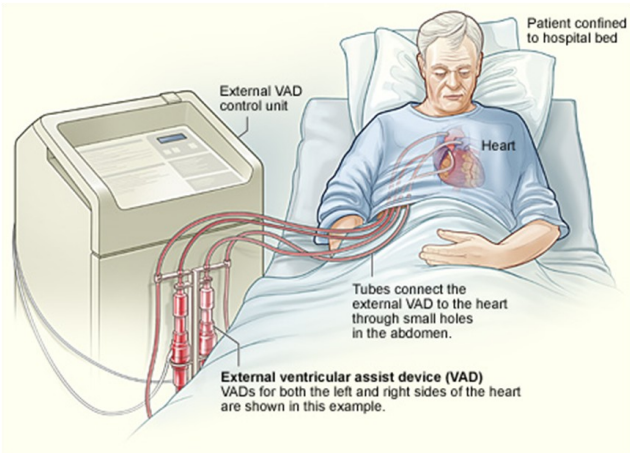
If the patient has a ventricular assist device, (may be called a VAD, heart pump, RVAD, LVAD, BVAD, or LVAS) **do not perform chest compressions.**

If patient has a pacemaker or internal defibrillator CPR can be performed if needed.

In Pre-Arrival Instructions the amount of aspirin has been set at 325 mg or 1 full sized, adult pill. Also 4 low dose 81 mg aspirin can be used.

In the Prompts, if the patient has a Ventricular Assist Device CPR IS NOT to be performed.

A **Ventricular assist device**, or **VAD**, is a [mechanical circulatory device](#) that is used to partially or completely replace the function of a failing [heart](#). Some VADs are intended for short term use, typically for patients recovering from [heart attacks](#) or [heart surgery](#), while others are intended for long term use (months to years and in some cases for life), typically for patients suffering from [congestive heart failure](#). VADs need to be clearly distinguished from [artificial hearts](#), which are designed to completely take over cardiac function and generally require the removal of the patient's heart.



| CARDIAC ARREST / DOA |   | State of New Jersey EMD Guidecards Version 01/12   |
|----------------------|---|--|
| KEY QUESTIONS        | <p>If unsure about consciousness</p> <p>“Does the patient respond to you? Talk to you? Answer questions? Hear you?”</p> <p>“Does the patient move? Flinch? Move arms or legs?”</p> <p>“Are the pupils fixed and dilated?”</p> | <p>If unsure about breathing:</p> <p>“Look and see if the chest rises and falls.”</p> <p>“Listen for the sound, frequency and description of breaths.”</p> <p>Agonal respirations are often reported as:</p> <ul style="list-style-type: none"> <li>gasping, snoring, or gurgling</li> <li>barely breathing</li> <li>moaning</li> <li>weak or heavy</li> <li>occasional</li> </ul> |
|                      | SIMULTANEOUS ALS/BLS  | BLS DISPATCH   |
| DISPATCH             | <p>Unresponsive</p> <p>Unconscious/not breathing adequately (Agonal) or not at all.</p> <p>Possible DOA of unknown origin</p> <p>Delayed response</p>   | <p><b>FOLLOW LOCAL PROTOCOL</b></p> <p>CONFIRMED HOSPICE</p> <p>EXPECTED DEATH</p>   |

One of the major problems identified with dispatcher initiated CPR is determining the presence of “agonal respirations” as opposed to normal breathing. The description of “agonal” respirations has been inserted.

## CARDIAC ARREST

State of New Jersey EMD Guidecards Version 1/04

Key Questions

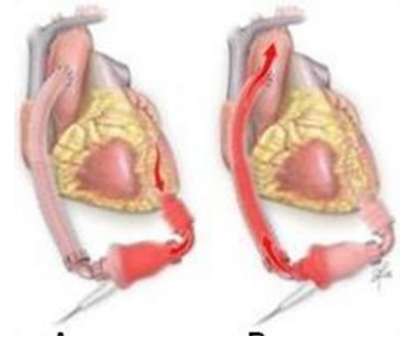
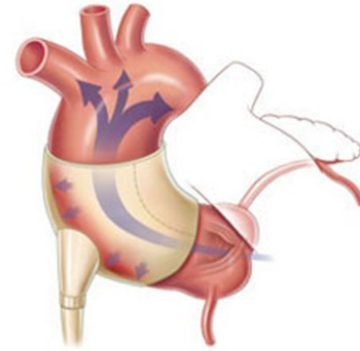
- Is patient alert?
- Is patient breathing normally?
- If unsure about consciousness, interrogate further:
  - a. Does the patient respond to you?  
Talk to you? Answer questions? Hear you?
  - b. Does the patient move?  
Flinch? Move arms or legs?
  - c. Are the pupils fixed and dilated?
- If unsure about breathing, interrogate further:
  - a. Have the caller go and see if the chest rises, then come back to the phone.
  - b. Listen for the sound, frequency and description of breaths.
- Agonal respirations are often reported as:
  - gasping, snoring, or gurgling
  - barely breathing
  - moaning weak or heavy
  - occasional

### SIMULTANEOUS ALS/BLS

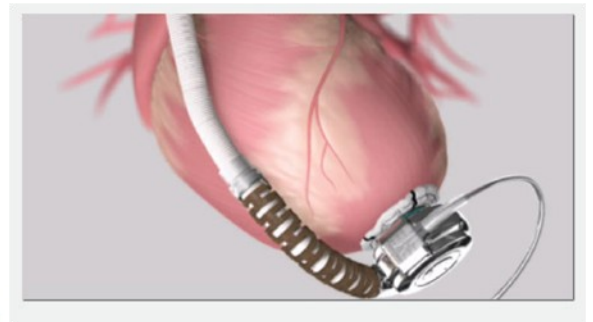
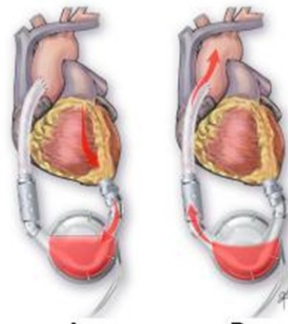
### BLS DISPATCH

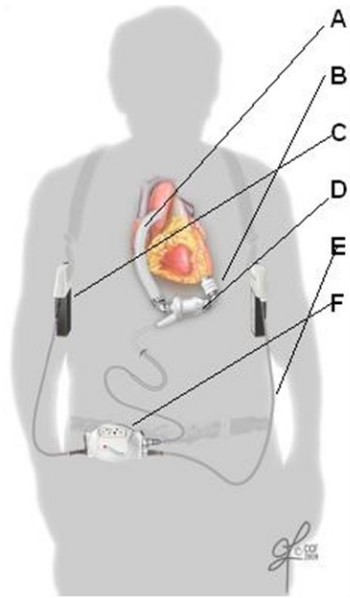
Dispatch

Unconscious/not breathing adequately or at all.  
All possible DOA's, until evaluated by responsible personnel.



VADs are designed to assist either the right (RVAD) or left (LVAD) [ventricle](#), or both at once (BiVAD). Which of these types is used depends primarily on the underlying [heart disease](#) and the pulmonary arterial resistance that determines the load on the right ventricle.





## DO NOT PERFORM CPR IF PATIENT HAS A Ventricular Assist Device

While the patient may appear unconscious and not seem to have a pulse the pump is still circulating blood and can keep the patient in a viable condition.

Pressure on the chest may cause the tubing to detach from the heart or damage the device itself causing severe internal blood loss.

- A. Outflow tube, returns blood to the heart.
- B. Inflow tube carries blood from the heart to the pump.
- C. Power source.
- D. VAD
- E. Driveline, connects the control and power to the VAD.
- F. External controller, monitors the VAD.

From the outside the power source, controller and driveline are the indicators that a VAD is present. The patient may also have a "medic alert" device or card.